



VERIFICATION OF MISSOURI EXPENDITURES – FILM PRODUCTION TAX CREDIT PROGRAM (Section 135.750, RSMo)

To receive a tax credit under the Film Production Tax Credit program, the taxpayer must complete this form and send to the department along with the spreadsheet of detailed cost accounting supported by proof of purchases and proof of payments.

Return to: **Department of Economic Development, Division of Business Development and Trade, Business Finance, 301 West High Street, Room 720, P.O. Box 118, Jefferson City, MO 65102**

1. TAXPAYER	Name of the Film Production Company		Federal Tax I.D. No.	
	Address (Street, P.O. Box)		MITS/Missouri Tax I.D. No.	
	City	State	Zip Code	NAICS Code
	Telephone No.		Facsimile No.	
	Addresses of headquarters and other Missouri offices (attach additional information if necessary)			
	Address (Street, P.O. Box)		City	State Zip Code
	Address (Street, P.O. Box)		City	State Zip Code
	Business Size in Annual Sales: <input type="checkbox"/> \$0 - \$250,000 <input type="checkbox"/> \$250,000 - \$500,000 <input type="checkbox"/> \$500,000 - \$ 1 M <input type="checkbox"/> \$1 M - \$ 5 M <input type="checkbox"/> \$ 5 M - \$ 10 M <input type="checkbox"/> \$ 10 M & over			
	Actual number of employees in Missouri during the project:			
	Business entity for tax purposes: <input type="checkbox"/> Corporation <input type="checkbox"/> S- Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other Note: If a taxpayer is a Partnership, S-Corporation or other entity with a flow through tax treatment, identify the names, social security numbers, and proportionate share of ownership of each beneficiary, partner, or shareholder on the last day of the tax period. Aggregate proportionate shares or percent of total ownership may not exceed 100%. Attach a separate sheet if necessary.			
2. CONTACT PERSON	Name		Social Security No.	% Ownership
				%
				%
				%
				%
				%
	Is any other state or federal incentive programs being applied or utilized for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all programs and corresponding amounts on a separate document.			
2. CONTACT PERSON	First Name		Middle Name	Last Name
	Address (Street, P.O. Box)			
	City	State	Zip Code	
	Telephone No.	Facsimile No.	E-mail Address	

3. REPORT OF EXPENSES	List the costs of all <u>Missouri</u> expenditures, such as rental/purchases of equipment, materials, products, services, lodging, food, and labor (must be salaries/wages paid to Missouri residents only). Additionally, provide a spreadsheet of detailed in-state expenditures along with the proof of purchases and proof of payments demonstrating that all expenditures were bought and paid to Missouri companies, organizations, or individuals.			
	PROJECT ITEM		COST	
	Missouri Labor Wages/Salaries		Missouri Food/Restaurant Expenses	
	Missouri Lodging Expenses		Missouri Equipment Rental/Purchase	
	Missouri Building(s) Rental		Missouri Location Fees	
	Missouri Contracted Services (casting, security, etc.: itemize separately)		Missouri Material Rental/Purchase (set construction, wardrobe, etc.)	
	OTHER PROJECT ITEMS		COST	
	OTHER PROJECT ITEMS		COST	
	List below (attach separate sheet(s) if necessary)		List below (attach separate sheet(s) if necessary)	
	Missouri		Missouri	
	Missouri		Missouri	
	Missouri		Missouri	
Missouri		Missouri		
Missouri		Missouri		
TOTAL MISSOURI PROJECT EXPENDITURES				
4. CERTIFICATION	<ul style="list-style-type: none"> I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein. I certify that the applicant does NOT employ illegal aliens and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that an individual is not an unauthorized alien. I understand that if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee examine the document(s) required by federal law, that the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding. I attest that I have read and understand the Film Production Tax Credit Program guidelines, specifically as it relates to the Tax Credit Accountability Act of 2004 (SB 1099). I hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for the administration of this program. I certify under penalties of perjury that the above statements and information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief. 			
5. SIGNATURE	Must be signed in the presence of a notary	Signature _____ Date _____ / ____ / ____		
	Notary Embosser Seal	State _____	County _____	My commission expires _____ / ____ / ____
		On this ____ day of ____, 200__, before me, _____, a Notary Public in and for said state, personally appeared _____, known to me to be the person who executed the Certification and acknowledged and states on his/her oath to me that he/she executed the same for the purposes therein stated.		
		Notary public signature _____		Notary Rubber Stamp _____